

**A STUDY TO ASSESS THE EFFECTIVENESS OF BIBLIOTHERAPY
IN REDUCING THE LEVEL OF ANXIETY AMONG
HOSPITALIZED CHILDREN IN A SELECTED HOSPITAL AT
TRICHY.**



COIMBATORE

**A DISSERTATION SUBMITTED TO THE TAMILNADU
DR. M.G.R MEDICAL UNIVERSITY, CHENNAI, IN
PARTIAL FULLFILMENT OF THE REQUIREMENT
FOR THE DEGREE OF**

MASTER OF SCIENCE IN NURSING

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BY

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SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR

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**ANXIETY AMONG HOSPITALIZED CHILDREN IN A SELECTED
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ABSTRACT

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A study to assess the effectiveness of bibliotherapy in reducing the level of anxiety among hospitalized children in selected hospital at Trichy, as a part fulfillment of the requirements for the award of the degree of Master of Science in nursing from Ellen college of nursing to The Tamil Nadu Dr. M.G.R Medical University, Chennai,

The objectives of the study are

- 1.To assess the pretest and posttest level of anxiety among school age children in experimental group and control group.
2. To compare the posttest level of level of anxiety among school age children in experimental group and control group.
3. To find the association between the post test levels of anxiety among school children with their selected demographic variables in experimental group.

The conceptual framework was based on the **“Nursing Process Model”** ANA (2003). The research design adopted was true experimental design with experimental group and control group. Simple random sampling method was used to select 30 subjects in each group. Self structured questionnaire was used to assess the level of anxiety before and after intervention. For experimental Group (30 subjects), bibliotherapy was given and the subjects were asked to read the books which help to solve their issues. The book consists of autobiography, comedy and other books which help them to solve their anxiety and boost up their psychological well being were given to reduce anxiety for thrice in a week for 4 weeks. The data were analyzed using IBM20 statistical software. The mean pretest level of anxiety in experimental group is 19.60 (SD \pm 4.8) and post test mean score is 10.90 (SD \pm 2.9) and the mean difference is 8.7. The post test mean score (10.90) was lower than the pre test mean score (19.60). The paired‘t’ value was 17.211 which was significant at $p < 0.05$ level, which showed that bibliotherapy was effective in reducing anxiety. The mean pre test scores of level of anxiety in control group is 21.66 (SD \pm 4.78) and post test mean score is 21.50 (SD \pm 4.01) and the mean difference is 0.16. The post test mean score (21.50) was lower than the pre test mean score (21.66). The paired‘t’ value was 0.211 which was not significant at $P < 0.05$ level in control group.

CHAPTER – I

INTRODUCTION

ACKNOWLEDGEMENT

ACKNOWLEDGEMENT

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advice and support helped us to tied over the hardships encountered during the project.

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Thuvakudimalai,Trichy(Dist)

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I take this opportunity to thank all my classmates and friends who have offered me a helping hand , shared their views during the period of my study.

My Sincere thanks and gratitude to all those directly or indirectly helped in the successful completion of the thesis.

THANKS TO ALL

APPENDIX – 4

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CHAPTER – I

“Anxiety is the dizziness of freedom.”

INTRODUCTION

Anxiety is a general term for several disorders that cause nervousness, fear, apprehension, and worrying. These disorders affect how we feel and behave, and they can manifest real physical symptoms. Mild anxiety is vague and unsettling, while severe anxiety can be extremely debilitating, having a serious impact on daily life. People often experience a general state of worry or fear before confronting something challenging such as a test, examination, recital, or interview. These feelings are easily justified and considered normal.

Anxiety is the most common mental health problem for children, with 13% of children aged 9 to 17 in the United States experiencing it (Substance Abuse, 2009). This serious mental health condition is often exemplified in the child who worries excessively, tires easily, has trouble concentrating and sleeping, or is easily irritated (American Psychiatric Association, 2000). Anxiety is paired with physiological arousal, including a more rapid heart rate and increased blood pressure in individuals experiencing such extreme stress (**Lang, Davis, & Öhman, 2000**).

Anxiety is when you feel and tense for example if you are confronted by an angry person, most people do not recognize their anxiety for what it is, and instead think there is something “wrong” with them. It can also be a feeling of unease, for example during exams, worrying, and hospitalization or about anything. Some people are preoccupied with the symptoms of anxiety. Others think they are weird, weak, or even going crazy, unfortunately, these thoughts only make people feel even more anxious and self-conscious.

Now days, anxiety becomes more common, more than 90% of children suffering with anxiety during their hospitalization also become more common due to modernization, increased hospital facility, unhealthy life style. This anxiety, depression, leads to many problems.

There are many types of anxiety and categorized into their symptoms.

1. Generalized anxiety disorders.
2. Obsessive compulsive disorder
3. Panic disorder
4. Agoraphobia
5. Post traumatic stress disorder

“It is not fully understood the causes of anxiety, however, there are key factors in place that are indicators that contribute to its initial development most of

these known factors are genetic brain chemistry and the most common forms, environmental stress. Anxiety is also said to be a genetic disease that is carried down from generations to generation. During anxiety the neurotransmitters from the brain is become abnormal.

In definition, these are like a type of chemical messengers providing a string of information among nerve cells. Whenever these nerve cells become imbalance or out of place i.e. when your brain is incapable and not able to receive messages properly. Thus, the brain's reaction is altered to react to certain situation which them cause anxiety attack.

Recently, research efforts have been devoted to studying symptoms of anxiety and emotional distress in children and discovering the most effective treatment methods. Treatment interventions for anxious children most often include traditional cognitive-behavioral therapy with a counselor or psychologist once per week over the course of several months (**Kendall, Hudson, Gosch, Flannery-Schroeder, & Suveg, 2008**).

In working to diminishing anxiety, relaxation training is often utilized; in which individuals learn to be attuned to their breathing and their body's physical

tension (Friedberg & McClure, 2002). Successful treatment occurs when patients are able to regulate their breathing and reduce muscle tension, which in turn reduce symptoms of anxiety, because stress and relaxation are mutually exclusive. Additionally, self monitoring can be utilized, in which children rate how anxiety provoking a specific situation, and how it affects them emotionally and physically (Last, 2006).

In such therapy Bibliotherapy is an [expressive therapy](#) that involves the reading of specific texts with the purpose of healing. It uses an individual's relationship to the content of books and [poetry](#) and other written words as [therapy](#). Bibliotherapy is often combined with [writing therapy](#). It has been shown to be effective in the treatment of [depression](#). These results have been shown to be long-lasting.

Bibliotherapy can be performed using affective treatment techniques, cognitive behavioral therapy (CBT), and visual based materials. Affective bibliotherapy relies upon fiction which can aid participants. By empathizing with a story's character, the client undergoes a form of catharsis by gaining hope and releasing emotional tension. There can also be a connection made between the circumstances in a story and the reader's own personal issues. This, consequently, leads to insights and behavioral change. Bibliotherapy using CBT relies mainly on self-help books which work to correct negative behaviors by offering alternative,

positive actions. Visual based materials, such as graphic novels, utilize both affective and CBT techniques.

The Bibliotherapeutic process can create the following changes

1. Create positive attitudes.
2. Produce personal and social adjustment.
3. Develop positive self image.
4. Relieve emotional pressures.
5. Develop new interests
6. Promote tolerance, respect, and acceptance.
7. Encourage realization that there is good in all people.

According to the psychodynamic view, bibliotherapy can be used as a self-help mechanism. From a developmental point of view, it has been determined to be an essential component of healthy child development. This has been directly linked to cognitive development and reducing emotional pressures.

Karen. & Ron Van Horn., (1999) Bibliotherapy is a form of guided self-help to get information on how to overcome emotional problems. Bibliotherapy tells the person exactly what to do, and provides homework exercises so that the person can put that knowledge into practice. The materials selected for bibliotherapy are selected specifically to help solve problems and promote mental health.

Research supports the effectiveness of bibliotherapy with children experiencing a wide variety of problems including: children whose problems are related to life stressors, such as hospitalization, chronic illness, and stressful experiences.

NEED FOR THE STUDY

“Safety and security don’t just happen, they are the result of collective consensus and public investment We own our children, the most vulnerable citizens in our society, a life free of violence and fear” **(Nelson Mandela)**

Anxiety is one of the most common psychological disorders in children worldwide. The prevalence rates range from 4.0% to 25.0%, with an average rate of 8.0%. These figures could be underestimated since anxiety among a large number of children goes undiagnosed owing to the internalized nature of its symptoms.

A comparative study was conducted in Kolkata, India, to determine the prevalence of anxiety among high school students on the basis of gender, school type, social strata, and perception of quality time with parents. The sample comprised 460 adolescents [220 boys and 240 girls] aged 13-17 years selected via multistage sampling technique. Data was collected using a self-report semi-structured questionnaire and a standardized psychological test. The State-Trait

Anxiety Inventory Scale showed that anxiety was prevalent in 20% boys and 17.9% of girls. Students from Bengal medium schools were more anxious than those from English medium schools. Middle class students were more anxious than high and low socioeconomic group. Students with working mothers were found to be more anxious. Hence, the researcher concluded that there is prevalence of childhood anxiety which has a negative effect on children's social, emotional, and academic success

World Health Organization estimates that 10% of the world's population has some form of mental disability and 1% suffers from severe incapacitating mental disorders. Community-based surveys conducted during the past two decades in India showed that the total prevalence of anxiety disorders was around 5.8%.

According to CDC report in India 2015 Data collected from a variety of data sources. Shows, Children aged 7-12 years currently had, ADHD (6.8%), Behavioral or conduct problems (3.5%), Anxiety (3.0%), Depression (2.1%), Autism spectrum disorders (1.1%).

According to child mental health statistics 2014 3.3% or about 290,000 children and young people have an anxiety disorder, 2.2% or about 96,000 children

have an anxiety disorder, 4.4% or about 195,000 young people have an anxiety disorder.

Illness and hospitalization are the first crisis children must face. Especially during the early years, children are particularly vulnerable to the crises of illness and hospitalization because stress represents a change from the usual state of health and environmental routine and children have a limited number of coping mechanisms to resolve stressors.

The pediatric population in hospital today has changed dramatically over the last 2 decades. Although there is a growing trend towards shortened hospital stays and outpatient surgery, a greater percentage of the children hospitalized today have more serious and complex problems than those hospitalized in the past.

Illness and hospitalization are stressful experiences for children and their families. It can make children feel tense, nervous or afraid. All children feel some anxiety at different stages in their lives. This is normal. The child's emotional reaction to hospitalization is determined by personal, interpersonal and environmental factors.

Recent research has identified a range of variables that can influence the extent of negative reactions of children to hospitalization and medical interventions. These include the family's previous medical experience, the child's

developmental status, the parent-child interaction, the seriousness of the illness, the severity of the medical procedure, and the coping style adopted by a child. Hospitalized children identified a range of fears and concerns which include separation from family and parents, unfamiliar environment, investigations, treatments and loss of self determination numerous research studies have found that the children have fears and concerns regarding illness and hospitalization.

From the above mentioned information it is evident that hospitalization generated a range of fears and concerns for children. Hence a more individualized approach needs to be used in developing interventions that will reduce children's worries and strengthen coping strategies.

There are various methods to reduce the anxiety of the hospitalized children. "Play" is one of the most important aspects of a child's life and one of the most effective tools for managing stress. For example, puzzles, reading material, Lego blocks other building materials etc. A radio, electronic games, Television, Toys etc are also useful tools for entertaining a child. The children who are weak cannot engage in play activities which requires more energy. So the researcher found a need of giving a diversion therapy known as bibliotherapy which gives those endless hours of pleasure and is of special value to the child who has limited energy to expend in play.

Bibliotherapy in its broader sense is the use of any written material for treating physical or emotional problems. It is also called therapeutic reading. Bibliotherapy was initially used in mental health faculties and veterans, association hospitals and was later introduced in to community education and behavioral science programs. Contemporary practitioners increasingly prescribe books as therapeutic adjuncts.

Dr. Sue Hubbard, Florida Jewish et.al (2011) the current trial examined the value of modifying empirically validated treatment for childhood anxiety for application via written materials for parents of anxious children. Two hundred sixty-seven clinically anxious children ages 6-12 years and their parents were randomly allocated to standard group treatment, waitlist or a bibliotherapy version of treatment for childhood anxiety. In general, parent bibliotherapy demonstrated benefit for children relative to waitlist but was not as efficacious as standard group treatment. Relative to waitlist, use of written materials for parents with no therapist contact resulted in around 15% more children being free of an anxiety disorder diagnosis after 12 and 24 weeks. These results have implications for the dissemination and efficient delivery of empirically validated treatment for childhood anxiety.

Well selected books are infinite value to the child. Children never tire of stories, having someone read aloud gives them endless hours of pleasure Reading

materials are used by a high proportion of health care professionals. In a survey of 487 practitioners in Portland. It was found that 88% of the responding psychologists, 59% of psychiatrists and 86% of internists used self help books in their practices.

The hospital should focus on child centered care and one of the main problem the child is facing in hospital is the hospital related fears and worries. Bibliotherapy provides escapism from the dullness of hospitalization, excitement of other world as well as relaxation. For reducing anxiety in hospitalized children bibliotherapy is a cost effective and a therapeutic vehicle. So the researcher chooses this study to propagate this intervention as a widespread of all health care settings.

Statement of the Problem

A study to assess the effectiveness of bibliotherapy in reducing the level of anxiety among hospitalized children in selected hospital at Trichy.

Objectives of the study

1. To assess the pretest and posttest level of anxiety among school age children in experimental group and control group.

2. To compare the posttest level of level of anxiety among school age children in experimental group and control group.
3. To find the association between the post test levels of anxiety among school children with their selected demographic variables in experimental group.

Hypothesis

The hypothesis will be tested at 0.05 levels

H₁: There will be significant difference between the pre-test and post-test anxiety scores of hospitalized children among experimental and control group.

H₂: There will be significant difference between the post-test level of anxiety scores of experimental and control group.

H₃: There will be significant association of anxiety score and selected demographic variable in experimental group.

Operational definition

1. **Hospitalization:** In this study it refers to act of placing a person in an environment to treat their illness.
2. **Hospitalized children:** In this study it refers to children between the age group of 8 – 12 years admitted to pediatric ward.

3. **Anxiety:** In this study it refers to a diffuse apprehension that is vague in nature and is associated with feelings of uncertainty and helplessness due to hospitalization.
4. **Effectiveness:** It is the extent to which something succeeds. In this study it refers to the extent to which bibliotherapy has achieved the desired objective, that is, anxiety reduction in hospitalized children as measured by the self structured Anxiety Rating scale.
5. **Bibliotherapy:** The Iowa Nursing Intervention Study defines bibliotherapy as the use of literature to enhance the expression of feelings and the gaining of insight. In this study, it refers to giving comedy, comics and other books was given for three in a week for 4 weeks to read and thereby relieving anxiety.

Assumptions:

The study assumes that:

- Children who are admitted in the hospital may develop severe anxiety.
- The bibliotherapy approach will be a good treatment for reduction of anxiety of school children.
- Anxiety more prevalent among hospitalized children.
- School aged children are interested to read the books.

Delimitations:

The study is delimited to:

1. Hospitalized children in the age group of 8 – 12 years.
2. Hospitalized children who are able to read Tamil or English.
3. Hospitalized children with moderate to severe anxiety.

Conceptual framework:

Conceptual framework is a conceptual underpinning of the study. It is a group of concepts and proportions that spells out the relationship between them.

The nursing process is a blue print for nursing care. Nursing process is a systematic problem solving method for individualized care for the client in all state of health. Five basic steps are involved in this process that is assessment, goal, planning, implementation and evaluation. **ANA (2003)**

Assessment

The nurse collects data on patient's health status. Assessment is done based on subjective and objective data. The information is used for problem identification. In this study, the assessment was done by the Self structured questionnaire on anxiety and demographic variables of children. Children with anxiety were identified and recruited using simple random sampling method.

Goal

The goal is to reduce the level of anxiety among hospitalized Children.

Planning

In this step of process care plan is formulated based on the problems identified and the nursing diagnosis. In experimental Group, the researcher planned to administer bibliotherapy for 1 hour, in that 40 minutes was given them to read and 20 minutes for them to discuss.

Implementation

In this study implementation refers to administering the bibliotherapy for experimental group among children to reduce the level of anxiety. Bibliotherapy was administered 1 hour thrice in a week for 4 weeks.

Evaluation

In this step the researcher evaluates the outcome of the intervention. This was done using the Self structured questionnaire on anxiety after the Bibliotherapy. Post test was done after 4 weeks of intervention.

Projected outcome:

In this step the researcher evaluates the outcome of the intervention. This was done using the Self structured questionnaire after the Bibliotherapy. The post test result was effective to the school age children.

CHAPTER-II

REVIEW OF LITERATURE

This chapter deals with the information collected in relation to the present study through the published and unpublished materials for foundation to carry out the research work related to review of literature. An extensive review of literature relevant to research topic was done to collect maximum information for laying foundation of a study.

The literature is reviewed under following headings.

Part I : studies related to prevalence of anxiety among hospitalized children

Part II: studies related to effectiveness of bibliotherapy on anxiety

Part I: studies related to prevalence of anxiety among hospitalized children.

Bhardwaj A (1) et.al (2014), conducted a study on social anxiety in adolescents, in India. 421 adolescents in one high-school were screened for SAD and depression and associated factors with academic impairment. 54 (12.8%) had SAD. The most common manifestation of SAD was avoiding giving speeches. SAD was equally common among both genders, was associated with difficulty in coping with studies. In conclusion, SAD is a common adolescent disorder, with major depression as co morbidity and associated with impairment in academic

functioning. All adolescents especially with depression consulting medical professionals should be interviewed for SAD and treated.

Hanna M et.al (2013), conducted a study to examine the utility of modifying the Social Anxiety Scale for Children-Revised (SASC-R) for use with adolescents, and examined associations between adolescents' social anxiety (SA) and their peer relations, friendships, and social functioning. Boys 101 sample and girls 149 in the 10th through 12th grades completed the Social Anxiety Scale for Adolescents (SAS-A) and measures of social support, perceived competence, and number and quality of their best friendships. Factor analysis of the SAS-A confirmed a three-factor structure: Fear of Negative Evaluation, Social Avoidance and Distress in General, and Social Avoidance Specific to New Situations or Unfamiliar Peers. Girls reported more SA than boys, and SA was more strongly linked to girls' social functioning than boys'. Specifically, adolescents with higher levels of SA reported poorer social functioning (less support from classmates, less social acceptance), and girls with higher levels of SA reported fewer friendships, and less intimacy, companionship, and support in their close friendships. These findings extend work on the SASC-R to adolescents, and suggest the importance of SA for understanding the social functioning and close friendships of adolescents.

Onishi K. et al (2010), conducted a study to assess the school-based behavioral treatment for social anxiety among adolescents at Child Study Centre,

New York University School of Medicine. Sample comprised six adolescents with social anxiety disorder. A 14-session group treatment programme was conducted in the school. Child version of Anxiety Disorder Interview Schedule and Liebowitz Social Anxiety Scale for Children and Adolescents were used. The result showed that fear and avoidance ratings of 10 most feared situation significantly decreased after treatment with effect sizes of 1.5 for anxiety and 2.1 for avoidance. The researcher concluded that there was a decrease in the social anxiety score after the treatment.

Grover A et al (2010), A cross sectional study was conducted on the level of self reported social anxiety in a community sample of Turkish adolescents. This study was a school based study on 1,713 students in grades 6-8 i.e. age 10- 16 from twelve schools in kucaelo/turkey. Were screened by the social anxiety scale for Adolescents (SAS-S). The study reveals that phobic symptoms among Turkish adolescents were more severe in boys. Some factors such as low socio economic level and going to rural; school had impact on the sas-s scores. The study concluded that professionals and teachers need to recognize school anxiety in adolescents, so that help can be affected to overcome the difficulties social phobia causes.

Palmer RM et al (2008) a randomized controlled study was conducted on universal based prevention of syndromal and subsyndromal social anxiety among a

population. A sample of 1,748 older children and young adolescents from two countries were cluster randomized to either an intervention or a central condition. The results indicate that NUPP-SA had a significant specific intervention effect for reducing social anxiety in the total samples as well as among syndromal subjects.

Rullier L et.al (2013) a study was conducted on correlates and consequences of early appearing social anxiety in young children. 178 elementary school children in grade 2 (aged 7-8 years). Children were individually administered the Social Anxiety Scale for Children-Revised (SASC-R), as well as measures of socio-emotional adjustment. The study reveals that social anxiety was positively associated with self-reported loneliness, school avoidance, and internalizing coping, and negatively related to school liking. Findings are discussed in terms of use of the SASC-R for this type of population and reasons for the disparity between child and teacher reports of adjustment outcomes.

Zerinet.al (2012), A study was conducted to investigate the following three assumptions regarding anxiety in hospitalized children: (1) anxiety decreases during hospitalization, (2) anxiety correlates with symptoms, procedures, and parental anxiety, and (3) anxiety is reduced following guided play with real and simulated medical equipment. Fifty latency-age children and their parents were studied. Anxiety was measured by self-report, parental report, nurse's report, and direct observation. Potential correlates were monitored daily by review of patient

care records, and interviews of primary nurses and parents. Hypothesis one was confirmed, anxiety decreased significantly (p less than 0.001) across the four assessments. Hypothesis two was confirmed; symptoms, procedures, and parental anxiety accounted for 27-30% of the variance in children's anxiety. Hypothesis three was not confirmed, anxiety decreased following guided play, but not enough to reach statistical significance.

Part II: studies related to effectiveness of bibliotherapy on anxiety

[Abbott MJ](#) et.al (2006) an experimental study to examine the value of modifying empirically validated treatment for childhood anxiety for application via written materials for parents of anxious children. Two hundred sixty-seven clinically anxious children ages 6-12 years and their parents were randomly allocated to standard group treatment, waitlist, or a bibliotherapy version of treatment for childhood anxiety. In general, parent bibliotherapy demonstrated benefit for children relative to waitlist but was not as efficacious as standard group treatment. Relative to waitlist, use of written materials for parents with no therapist contact resulted in around 15% more children being free of an anxiety disorder diagnosis after 12 and 24 weeks. These results have implications for the dissemination and efficient delivery of empirically validated treatment for childhood anxiety.

Hilton et.al (2010) an experimental study evaluated in two published randomized controlled trials. In the first study use of the bibliotherapy materials with no additional support was evaluated in a randomized comparison of bibliotherapy, standard face-to-face group treatment and a no treatment control. Findings indicated that bibliotherapy (26% anxiety diagnosis free) was better than no treatment (7% anxiety diagnosis free), however, bibliotherapy was not as efficacious as face-to-face treatment (61% anxiety diagnosis free).

Hilton et.al (2010) an experimental study was conducted with 100 anxiety disordered children, ages 6-12, and their parents from rural and remote communities. Families were randomized into one of four conditions: telephone contact, email contact, client-initiated contact, and waitlist control. Treatment conditions and waitlist lasted for a 12-week period. Assessments were conducted at baseline, post-treatment, and 12 months after the post-treatment assessment. Results shown a significant reduction in symptoms was shown for children in all three of the study conditions, with the telephone sessions resulting in a greater reduction in symptom severity rating. Post-treatment comparisons also found that 79% of children in the telephone condition were free of an anxiety disorder compared with children in the email (33%) and client initiated (31%) conditions; and the percentage of children who returned to normal range of scores was greater

for treatment groups compared to waitlist groups. The study concluded that bibliotherapy with therapist contact is effective in the treatment of anxiety disorders in primary school children and provides a realistic service option for rural families who would normally not be able to access services without significant time and resource commitment.

Sunu Thomas (2012) A descriptive study was conducted on bibliotherapy a resource to facilitate emotional healing and growth. Children's literature is a therapeutic tool for facilitating emotional growth and healing. Stories provide a catalyst for change, providing children with other perspectives and options for thoughts, feelings and behaviours. Appropriately shared stories provide opportunities for children to gain insight and learn healthier ways to face difficulties. The study concluded that bibliotherapy is effective on reducing emotional problems.

Sosa AL et al (2009), an experimental study was conducted to examine the effect of group bibliotherapy on the anxieties of children in grades one, two, and three. The total sample contained 295 students. Treatments were randomly assigned to the groups. Control Group I received no experimental treatment. Control Group II received non-biblio therapeutic treatment. The Experimental Group received biblio therapeutic treatment. All children participating in the study were administered a pre test. The instrument used was Sara son's General Anxiety

Scale for Children. Each group was read three appropriate books by the investigator each session for ten sessions. Immediately following the five-week experimental period, a post test was administered to all the children. The study concluded that reading bibliotherapeutic books lessen their anxieties.

Meillon C(2) et.al (2009), A descriptive study was conducted to evaluate the efficacy of bibliotherapy in clinical settings. The participants interviewed for the study varied in terms of their gender (7 men; 6 women), and their age (mean = 41.5 years; age range = 27 – 64 years). The study revealed that bibliotherapy was a therapeutic technique of significant potential within a clinical setting.

Boscardin WJ et al (2009) an experimental study was conducted to evaluate the effectiveness of bibliotherapy on patients with mild to moderate anxiety in primary care. Non-parametric statistical testing of scores from the Zung Anxiety Scale and the Clinical Outcomes in Routine Evaluation (CORE) questionnaire indicated positive results. There was significant improvement at post-treatment. The results from this trial indicate that it is an effective treatment for managing and treating anxiety in primary care.

Donkor (2010) a study was conducted on parental anxiety in treatment of childhood anxiety. The results of long-term follow-up of 60 children and adolescents diagnosed with an anxiety disorder and treated 3 years earlier with

bibliotherapy or parental anxiety management (PAM). Sixty-seven children aged 7 to 14 years were assigned to the "child anxiety only" or the "child + parental anxiety" condition based on parents' trait anxiety scores. The study concluded that children's anxiety reduced by the intervention of bibliotherapy .

Zahara Aziz (2011) A study was conducted on identifying the contribution of bibliotherapy practice and in enhancing personal development of children .Writing, telling and listening to stories open up possibilities for change and new learning windows. Through expressive and communicative stories, the child can expand his imaginative space and perspectives of action in a “holding framework” and even in virtual communities. Rewriting previous “truth stories” moves and modifies his conceptions of self, others and life relations. The inhibitions, failures and dislocations inherent in storytelling also provide valuable experiential and experimental touching/moving knowledge. The study explored bibliotherapy practice can enhance personal development of children.

Yang SY et.al (2010), an experimental study was conducted on bibliotherapy as a self-help programme for parents of children with externalising problem behaviour. The samples are the children between 6-15years, diagnosed with Attention-Deficit/Hyperactivity Disorder (ADHD) and/or an Oppositional Defiant Disorder. The bibliotherapy lasted 10 weeks and consisted of working through a self-help book for parents. Initial clinical interviews and pre- and post-treatment

evaluations were included, as well as short weekly telephone contacts with the parents. The study revealed that children's externalizing behaviour was significantly reduced during the intervention. The parenting skills were strengthened. The satisfaction of the parents with the program was high.

Acosta I et al (2010), A study was conducted to assess effectiveness of bibliotherapy as a strategy to help students with bullying and eve teasing. Salient research findings pertinent to teasing and bullying have made their way into children's literature over the course of child adolescent teasing in schools (CATS). 8 5 6'th grade students were exposed to fictional stories (bibliotherapy) about bullying and teasing after which children have shared their own non fictional account of this often devastating experience. The investigator concluded that bibliotherapy was effective in reducing stress experienced by the bullied students and helped them to develop coping strategies to deal with bullying and teasing that takes place in schools nationwide.

Zhang L (4) et.al (2013), A study was conducted to investigate the effectiveness of bibliotherapy in dealing with problems of personal development and interpersonal relationships encountered by children affected with social violence. The sample included 90 school children in the age group of 9-11yrs living in an area known for its gang violence. The study concluded that bibliotherapy had meaningful effects on subjects by increasing their self esteem in

terms of appreciation of his/her own worth and harmonious acceptance of the conditions of life at large. The investigator also reported that bibliotherapy has the potential of exercising a beneficial influence in psychological makeup of the individual.

Etherton-Beer CD. (2013). A study examined the efficacy of supplementing bibliotherapy for child anxiety disorders with therapist-initiated telephone or email sessions, or with client-initiated contact in a randomised trial using a waitlist control. Participants were 100 anxiety-disordered children and their parents from rural and remote communities. All treatment conditions resulted in improvement on self-report measures and clinician rated severity. The results suggest that therapist supplemented bibliotherapy could provide an efficacious treatment option for families isolated from traditional treatment services.

Fortinsky RH et al (2013) A study was conducted to examine the use of an assisted bibliotherapy for mild to moderate stress/anxiety in an adult clinical population referred by their general practitioner. Assisted Bibliotherapy was provided for a brief period of 8 weeks, with limited therapist contact (20-min sessions). Non-parametric statistical testing of scores from the Zung Anxiety Scale and the Clinical Outcomes in Routine Evaluation (CORE) questionnaire indicated positive results. There was significant improvement at post-treatment, which was maintained at 3 month follow-up. The results from this trial and a previous trial of

assisted bibliotherapy by Kupshik and Fisher in 1999, indicate that it is an effective treatment which could be used as part of a stepped care approach to managing and treating stress/anxiety in primary care.

Milian.k.r et.al (2009) a study was conducted to find out the efficacy of bibliotherapy for children with anxiety disorders using written materials for parents. Used Meta analysis to examine the efficacy of bibliotherapy. Bibliotherapy treatments were compared to control groups and therapist-administered treatments. The mean estimated effect size (d) of the 70 samples analyzed was +0.565. There were no significant differences between the effects of Bibliotherapy and therapist administered treatments, as well as no significant erosion of effect sizes at followup. Bibliotherapy did appear more effective for certain problem types (Assertion training, anxiety and sexual dysfunction) than for others (weight loss, impulse control, and studying problems). Overall, the amount of therapist contact during Bibliotherapy did not seem to relate to effectiveness, but there was evidence that certain problem types (weight loss and anxiety reduction) responded better with increased therapist contact. Recommendations for future research were given, especially for more research on the commonly purchased books and moderator analyses by personality type and reading ability?

Kapper(2007) A study was conducted to identify the children's self reported stress related symptoms. The sample consists of 194 children aged 3-8 years. Each

child named from one to six symptoms. Inductive sorting of the responses led to 24 different categories of cognitive/emotional and physiological symptoms.

Results shows hat exising self reported cognitive/emotional symptoms of children were 36-55% and 0-33% were physiologic symptoms.

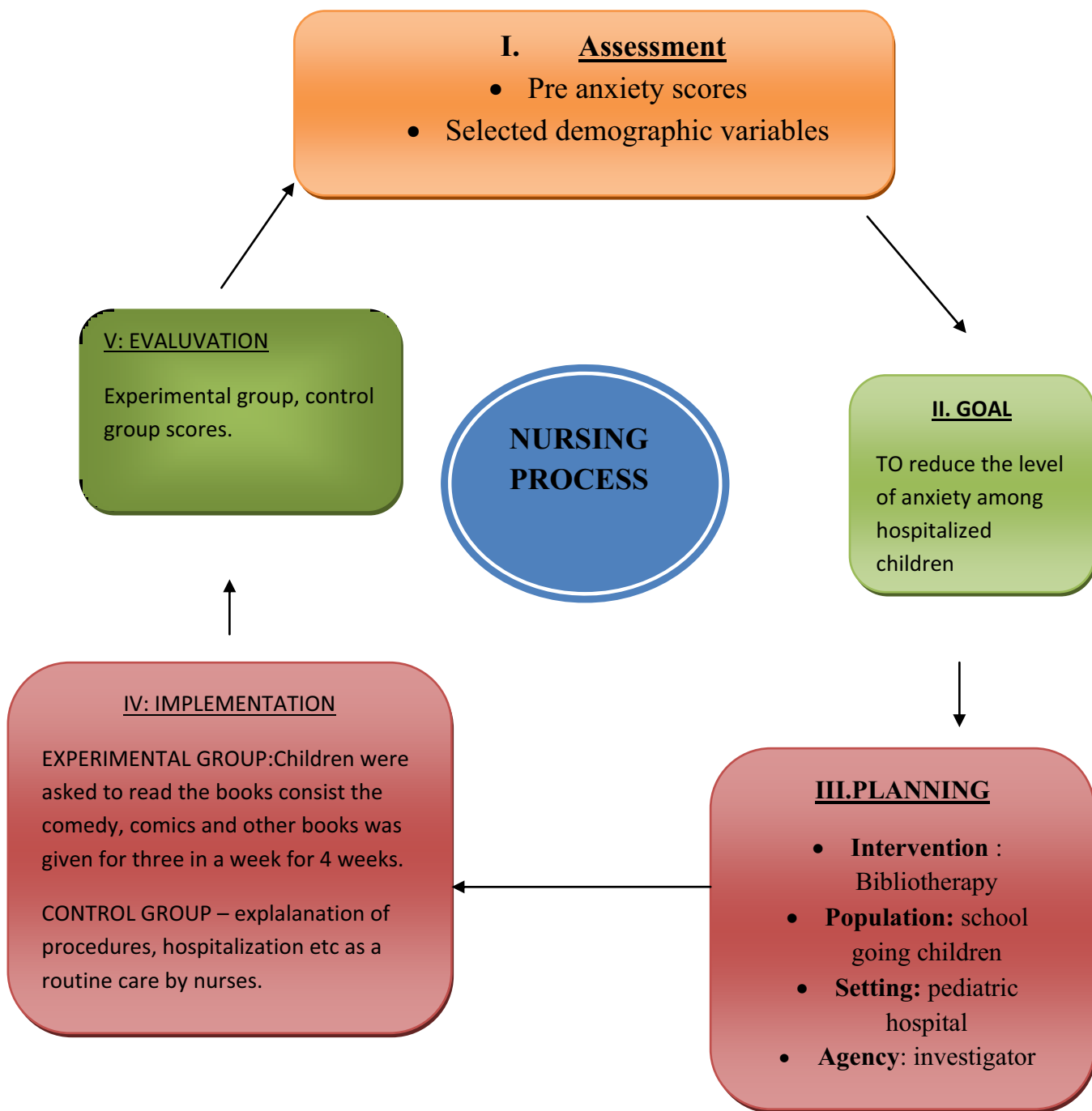


FIGURE 1: CONCEPTUAL FRAMEWORK BASED ON NURSING PROCESS MODEL – (ANA-2003)

CHAPTER III

RESEARCH METHODOLOGY

According to **Polit and Beck (2014)** research methods are the techniques used by researchers to structure a study and to gather and analyze information relevant to research question.

Research methodology involves the systematic procedure by which investigator starts from the initial identification of the problem to its final conclusion. Methodology is a significant part of any study which enables the researcher to project the research undertaken.

This chapter includes research approach, research design, variables, research setting, target population, sample and sample size, sampling technique, development of the tool, description of the instrument, scoring procedure, validity, reliability, pilot study, data collection procedure, plan for data analysis and ethical considerations.

RESEARCH APPROACH

According to **Suresh K. Sharma (2011)** the research approach involves the description of the plan to investigate the phenomenon under study in a quantitative, qualitative or a combination of the two methods. Furthermore, it helps to decide whether the presence or absence as well as manipulation and control over variables. Also, it helps to identify the presence or absence of and comparison between groups.

The present study is an evaluative research approach. Evaluative research study is an applied form of research design in which the judgment is made on how well a specific practice or program is working. It is used to determine the effectiveness of processes or equipment used in a particular setting.

RESEARCH DESIGN

According to **Polit and Beck (2012)** the research design is the overall plan for obtaining answers to the questions being studied and for handling some of the difficulties encountered during the research process.

The research design selected for the present study was a true experimental 2 group (1 experimental group, 1 control group) research design to evaluate the effectiveness of bibliotherapy on the level of anxiety among children.

SCHEMATIC REPRESENTATION

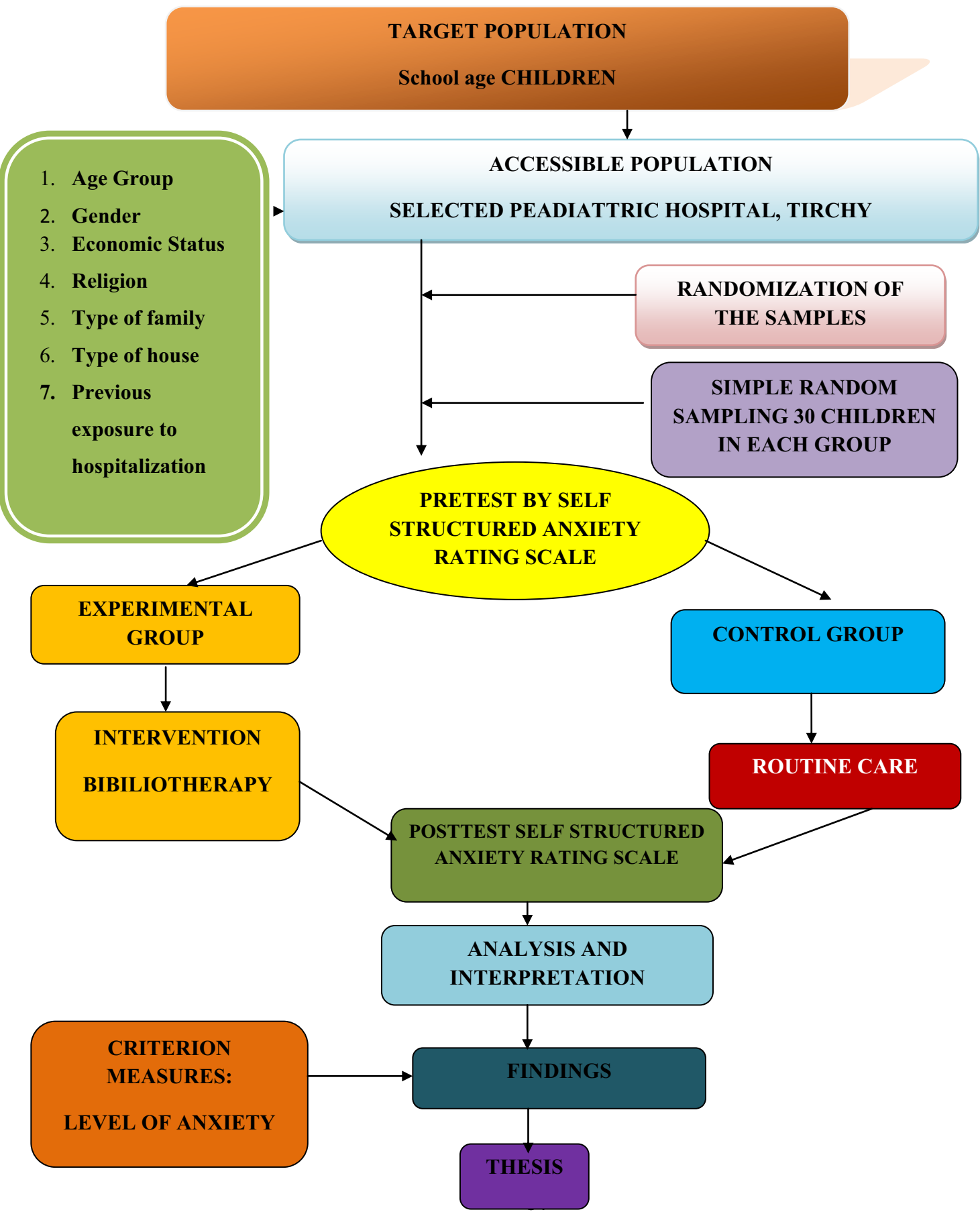
GROUP	PRE TEST	INTERVENTIO N	POST TEST
Experimental group	O ₁	X	O ₂
Control group	O ₁	-	O ₂

The symbols used:

O₁- pre test to assess the level of anxiety among children in experimental group and control group.

x- provision of bibliotherapy to children for 15-20 minutes twice in a week for 4 weeks.

O₂- post test to assess the level of anxiety among children in experimental group and control group.



VARIABLES

According to **Suresh K Sharma (2011)** variables are qualities, quantities, properties, or characteristics of people, things, or situations that change or vary.

The categories of variables discussed in the study were;

Independent variable : Bibliotherapy

Dependent variable : Anxiety

Associate Variables : Age Group, Gender, Economic Status, Religion, Type of family, Type of house, previous exposure to hospitalization.

SETTING

The selection of setting was done on the basis of feasibility of conducting the study, availability of subjects and cooperation of the authorities. The data was collected in Nazeer general hospital, it is 150 bedded hospitals, and in pediatric ward nearly 15 school age children are admitted. The Nazeer general hospital located at Trichy.

POPULATION

Population consists of the entire set of individual events, places or objects that possess the specific characteristics or attributes being studied. It also refers to the aggregate or totality of all the subjects.

Target population is the aggregate of cases about whom the investigator would like to make generalization. In this study was children age group of 8-12 years in Nazeer general hospital at trichy.

SAMPLE AND SAMPLE SIZE

The sample size was determined arbitrarily by the type of the study, variables being studied, feasibility of time, money, and material.

SAMPLE

Children who are between 8-12 years admitted in Nazeer general hospital at Trichy.

SAMPLE SIZE

The sample size for this study consists of 60. 30 were in experimental group and 30 were in control group.

SAMPLE SELECTION CRITERIA

The study samples were selected using the following criteria

INCLUSION CRITERIA

Children who are,

1. Hospitalized children in the age group of 8-12 years
2. Willing to participate in the study
3. Able to read and write Tamil or English
4. Both male and female children.

EXCLUSION CRITERIA

1. The children who are mentally challenged
2. The children who have mild anxiety
3. Children who are critically ill and unconscious.
4. Children who are visually impaired, deaf and dumb

SAMPLING TECHNIQUE

Sampling is the process of selecting a portion of the population to represent the entire population.

Simple Random sampling technique was used to select the subjects for the study. Lottery method was used to select 30 subjects in each group. For experimental group, control group children were selected in a Nazeer general hospital at Trichy.

DEVELOPMENT OF TOOL

The investigator developed a structured questionnaire for demographic variables and Self structured questionnaire on anxiety as tool for present study after exploring all sources of information like extensive library search, internet sources and consultation with experts. The experts were requested to check for the relevance, sequence and clarity of the tool. Modification was done according to expert's opinion and the final tool was developed. The tool was translated into Tamil and again it was retranslated into English, thereby the language validity was ascertained. After careful and detailed review of literature the researcher identified a standardized tool to assess the anxiety.

DESCRIPTION OF THE TOOL

Instrument consists of two parts

PART I:

It consists of demographic variables of children such as age, gender, economic status, religion, type of family, type of house, previous exposure of hospitalization.

PART II: Self structured questionnaire on anxiety was used to measure the level of anxiety among children. The items are rated as 0, 1, 2 and 3. The highest possible score is **80**. The lowest possible score is 0.

SCORING PROCEDURE:

1. Maximum score-80
2. Minimum score –0

VALIDITY AND RELIABILITY OF THE TOOL

VALIDITY

The content validity of the tool was established in consultation with one psychiatrist, one Pediatrician and 5 experts in the field of child health nursing. The tool was modified according to the suggestions and recommendations of the experts. Translation of tool was done and language validity was confirmed.

RELIABILITY

The Reliability of the Self structured questionnaire was established by testing the equivalence using inter rater method. Karl Pearson correlation formula was used and found to be reliable ($r= 0.95$). it was done on 20-12-2016

PILOT STUDY

The pilot study was conducted in CSI mission hospital at Trichy.it was done on 22-12-2015 to 02-01-2016.The researcher obtained written permission from the parents, hospital authorities and oral permission from the children to the study. The purpose of the study was explained to the subjects. Subjects fulfilling the inclusion criteria were chosen by using simple random sampling technique. Sample size was 12, out of which 6 were in experimental group, 6 were in control group using Lottery method. Subjects were selected for the study by using simple random sampling method. On first day, data pertaining to the demographic variable was collected then pre test was conducted to the participants by using Self structured questionnaire in 2 groups by self administered questionnaire. Bibliotherapy for experimental group twice in a day for 7 days, no intervention for control group was given for 7 days. On the 8th day post test was conducted using the same scale.

Findings of the pilot study revealed that there was a significant effect of expressive bibliotherapy on anxiety $H= 10.869$ (table value= 9.21) at $P<0.01$ level of significance. Result of the pilot study showed that it is feasible and practicable to conduct the main study.

DATA COLLECTION PROCEDURE

The data was collected from 20-12-2015 to 23-01-2016. The main study was conducted in pediatric Nazeer general hospital at Trichy. The data collection period was 5 weeks. The researcher obtained written permission from Nazeer general hospital at Trichy. Subjects were selected in to the study based on sample selection criteria using simple random sampling technique. Initially rapport was established and the purpose of the study was explained to them. Informed oral consent was obtained from subjects and confidentiality was assured. Data were collected through self administered questionnaire method. All the subjects were well co-operative and the researcher expressed a gratitude for their co-operation.

The first 2 days was used for pre test. The average time taken for one subject was around 15 minutes. Based on the inclusion criteria the subjects for experimental group, control group were selected. After selection of subjects the randomization was done by using lottery method in order to allot the subjects to the particular group and each group was allotted with 30 subjects. Self structured

questionnaire was used to assess the level of anxiety. The data was collected from 30 members in experimental group, 30 from control group.

For experimental group (Bibliotherapy) the subjects were divided into 2 groups each group comprising of 15 subjects and they were asked to read the books which helps to solve their issues and the books consists of autobiography, comedy and other books which help them to solve their problems and boost up their psychological well being were given to reduce anxiety for thrice in a week for 4 weeks and 15 members was selected initially and they were given books to read for 40 minutes after that 20 minutes were given them for discussion then again the same procedure was repeated for next group. Data from control group was collected. One child we have given 5 days bibliotherapy then, Post test was conducted after bibliotherapy for experimental group and for control group without intervention after 28 days by using the same scale. The tool was checked for completion after every test.

PLAN FOR DATA ANALYSIS

Data obtained was collected and analyzed by using descriptive statistics and inferential statistics and the effectiveness was evaluated.

S. NO	DATA ANALYSIS	METHOD	PURPOSE
1	Descriptive statistics	Frequency & percentage Mean, standard deviation	To describe the demographic variables of children. To assess the pre test and post test level of anxiety among children in experimental group and control group.
2.	Inferential statistics	Paired 't' test	To compare the pre and post test level of anxiety among children in experimental group. To compare the pre and post test level of anxiety among children in control group.

		‘Chi’ square test (χ^2)	To associate the mean differed post test level of anxiety among children with their selected demographic variables experimental group and control group.
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ETHICAL CONSIDERATION

The research problem and objectives were approved by the research committee. Proper explanation regarding the purpose of study and nature of questionnaire involved in the study was given. Due written permission from the hospital authorities was sought and obtained. Informed oral consent was taken. No physical (or) psychological harm was caused.

CHAPTER - IV

DATA ANALYSIS AND INTERPRETATION

The analysis and interpretation of the data of this study was based on the data collected by standardized tool. The results were computed using descriptive and inferential statistics. The data were entered into Microsoft excel and analyzed using IBM20 statistical software. A probability of less than 0.05 was considered to be statistically significant.

ORGANIZATION OF DATA

The data has been tabulated and organized as follows:

SECTION A: Distribution of demographic variables of hospitalized children in experimental group and control group.

SECTION B: Assess the pre test and post test level of anxiety among school children in experimental group and control group.

SECTION C: comparison of post test level of anxiety among school children between experimental group and control group.

SECTION D: association between the post test levels of anxiety among school children with their selected demographic variables in experimental group.

TABLE 1:

Frequency and percentage distribution of demographic variables among school children in experimental group and control group.

S. NO	DEMOGRAPHIC VARIABLES	EXPERIMENTAL GROUP(30)		CONTROL GROUP (30)	
		F	%	F	%
1	Age Group				
	a. 8-9 years	5	17	8	26
	b. 9-10 years	10	33	8	26
	c. 10-11 years	5	17	8	26
	d. 11-12 years	10	33	6	22
2	Gender				
	a. Male	25	83	23	76
	b. Female	5	17	7	24
3	Economic status				
	a) low	10	33	1	3
	b) Middle class	10	33	17	57
	c) Upper class	10	33	12	40
4	Religion				
	a. Hindu	14	47	17	57
	b. Christian	4	13	3	10
	c. Muslim	12	40	10	33

5	Type of family a. Nuclear family b. Joint family	13 17	44 56	20 10	67 33
6	Type of house a. Kutch house b. Pucca house	15 15	50 50	15 15	50 50
7	Previous exposure to hospitalization a. Yes b. No	18 12	60 40	21 9	70 30

Regarding **age group** in experimental group majority 33% were in 11 to 12 years, 9-10 years of age group and least in 17% were in 8to 9 years, 10 to 11 years of age group. Among control group majority 26% were in 8 to 9 years, 9 to 10 years, 10 to 11 years and least in 22% were in 11 to 12 years.

Regarding **gender** in experimental group majority 83% were in male gender and least 17%were in female gender. Among control group majority 76% were in male gender and least 24% were in female gender.

Regarding **economic status** in experimental group majority 33% were in low, middle and upper class group. Among control group majority 57% were in middle class and least 3% were in low class.

Regarding **religion** in experimental group majority 47% were in Hindu religion and least 13% were in Christian. Among control group 57% were in Hindu religion and least 10% were in Christian.

Regarding **type of family** in experimental group majority 50% were in kutcha house and pucca house. Among control group majority 50% were in kutcha house and pucca house.

Regarding **type of family** in experimental group majority 56% were in joint family and least 44% were in nuclear family. Among control group 67% were in nuclear family and least 33% were in joint family.

Regarding **previous experience of pain** in experimental group majority 60% were in experienced of pain and least 40% were not experienced of pain. Among control group 70% were in experienced of pain and least 30% were not experienced of pain.

Fig 4 : Bar diagram showing the Percentage distribution of anxiety children according to their age

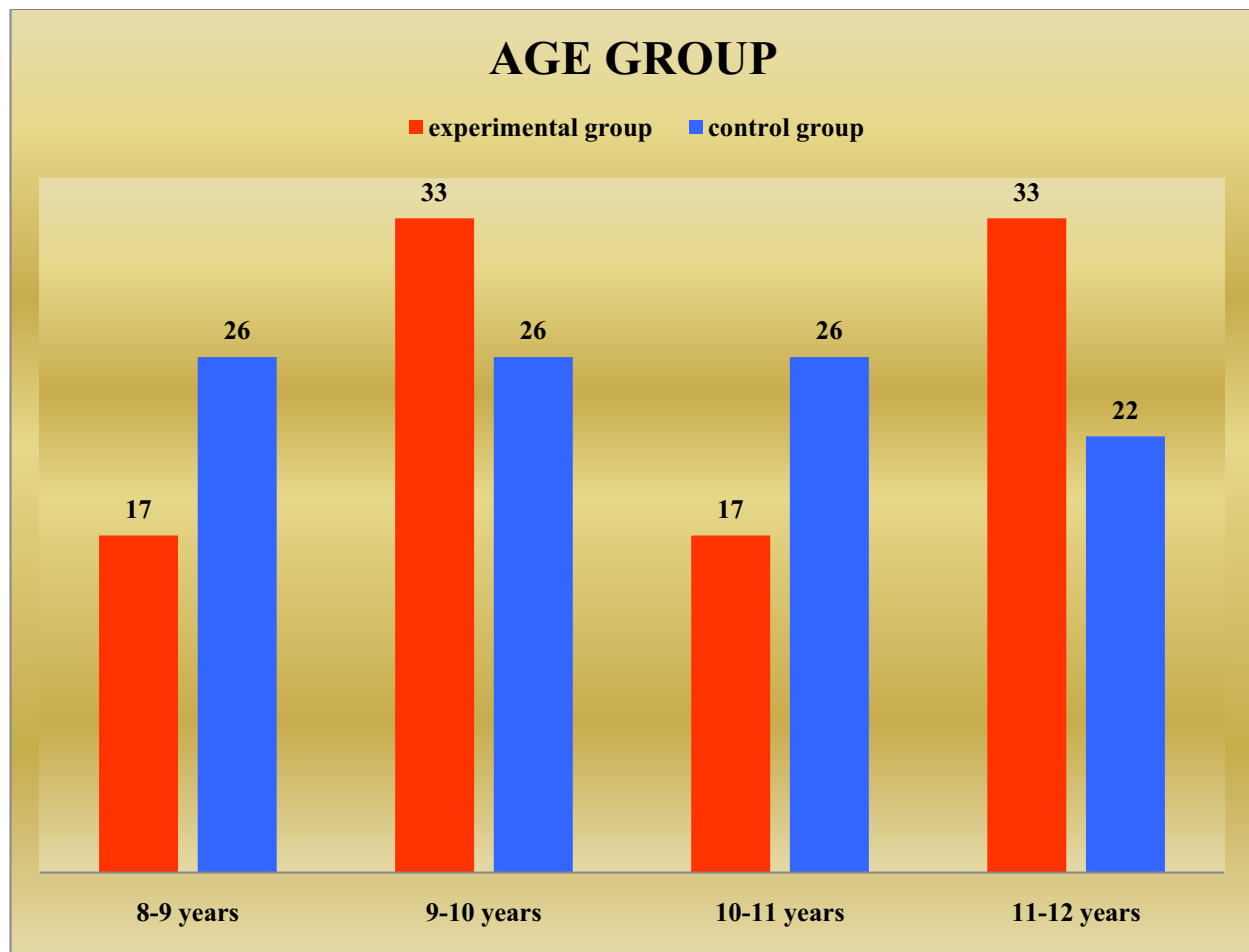


Fig 5 : Bar diagram showing the Percentage of distribution of anxiety children according to their gender

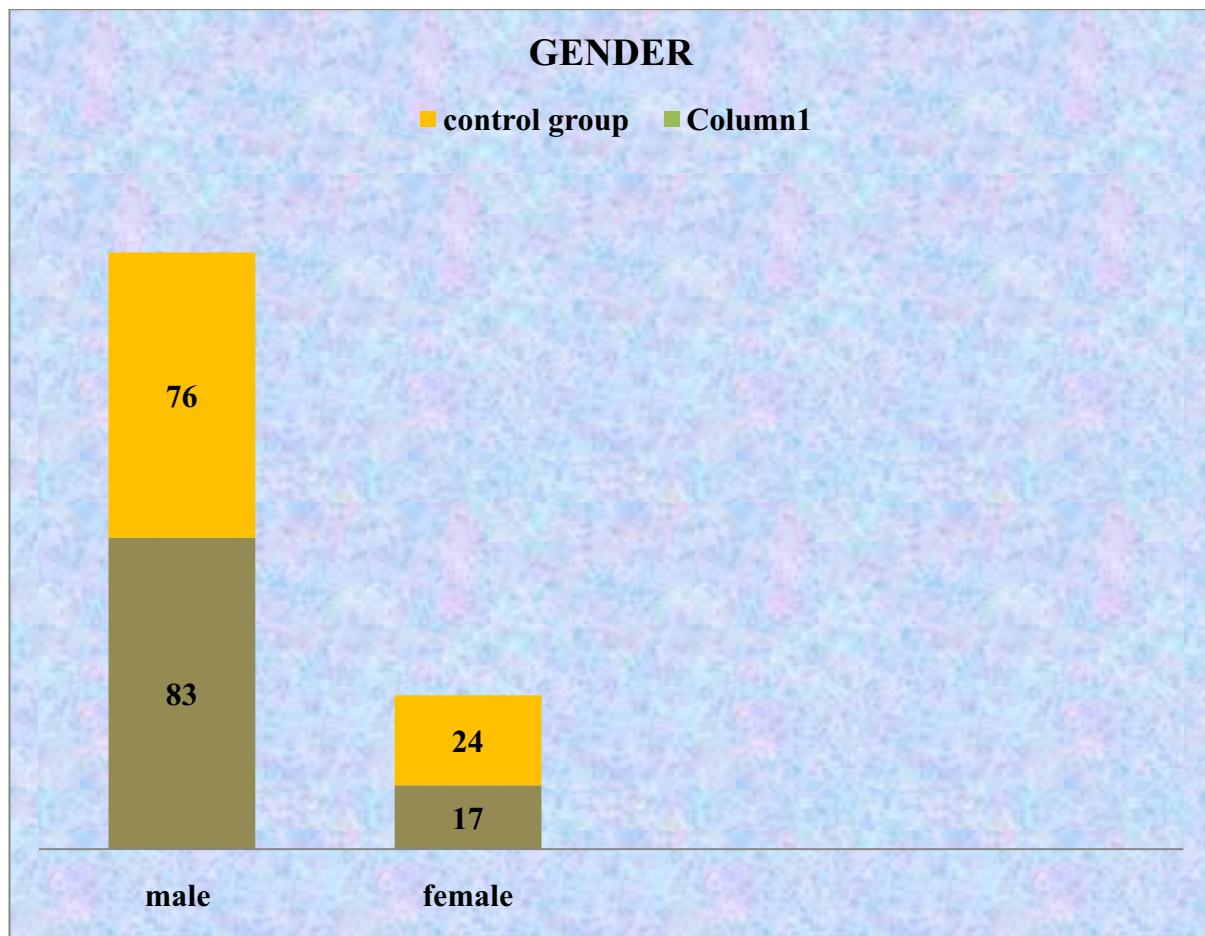


Fig 6 : Bar diagram showing the Percentage of distribution of anxiety children according to their Economic status

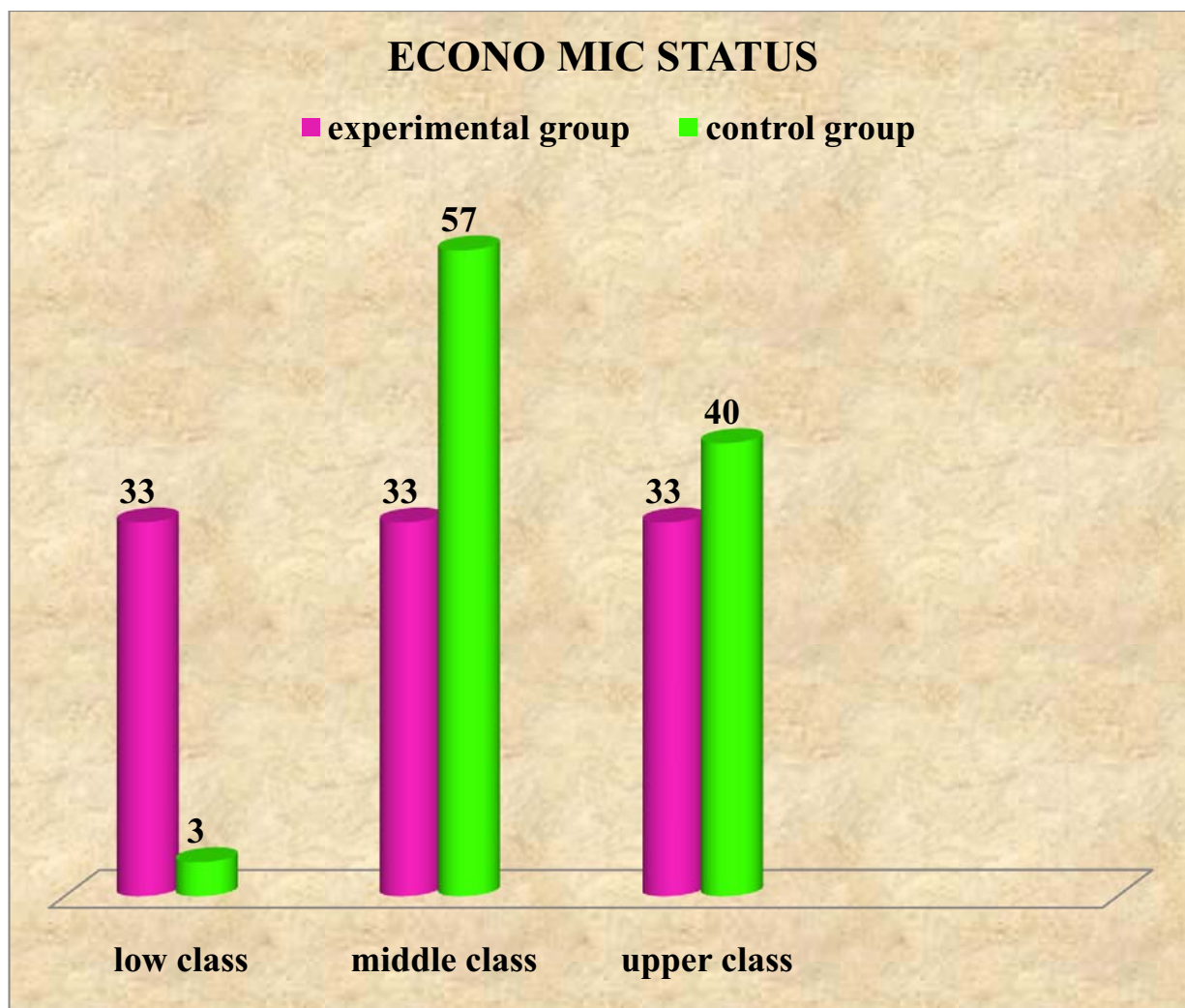


Fig 7 : Bar diagram showing the Percentage of distribution of anxiety children according to their Religion

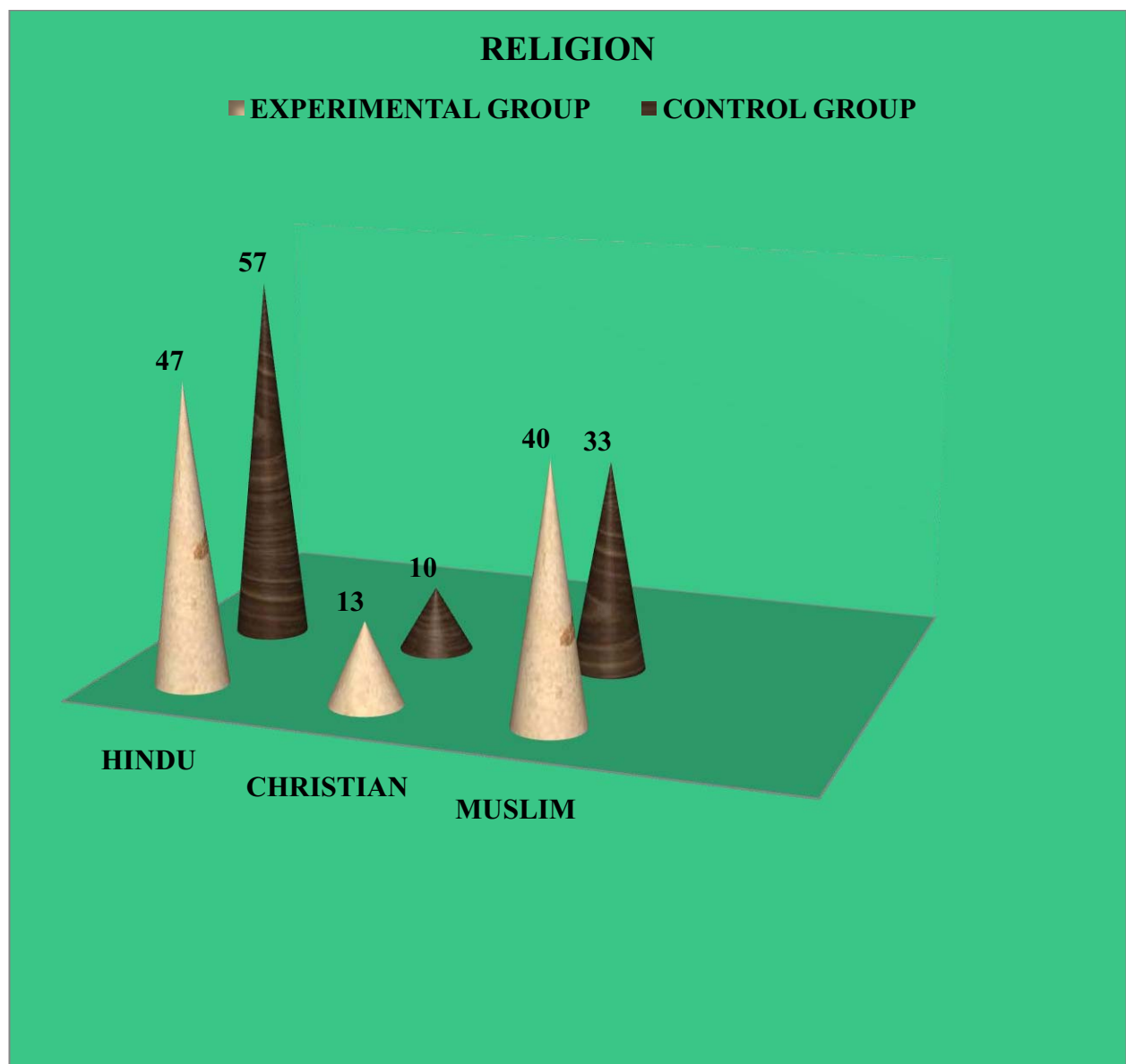


Fig 8 : Bar diagram showing the Percentage of distribution of anxiety children according to their Type of House

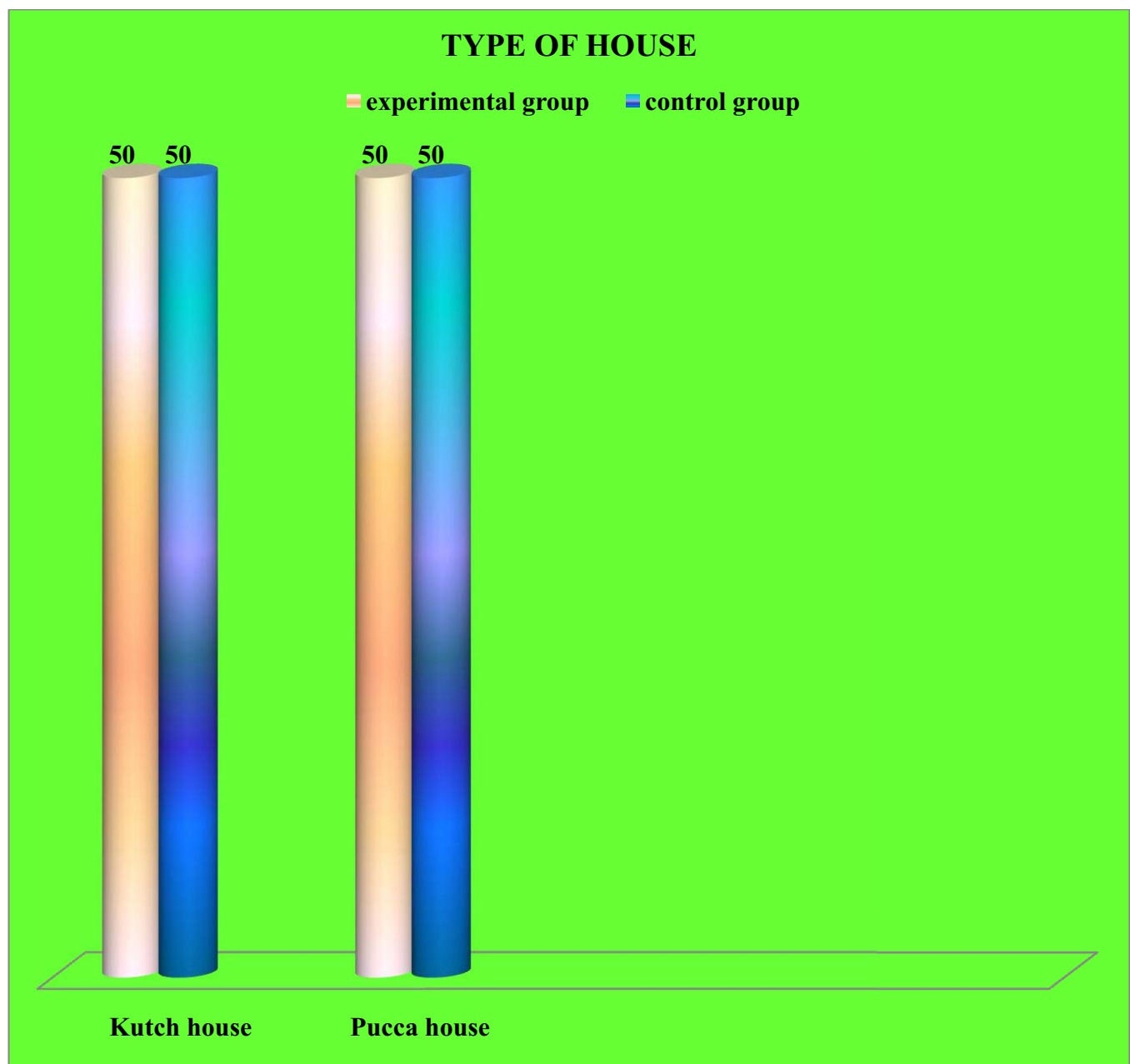


Fig 9 : Bar diagram showing the Percentage of distribution of anxiety children according to their Type of family

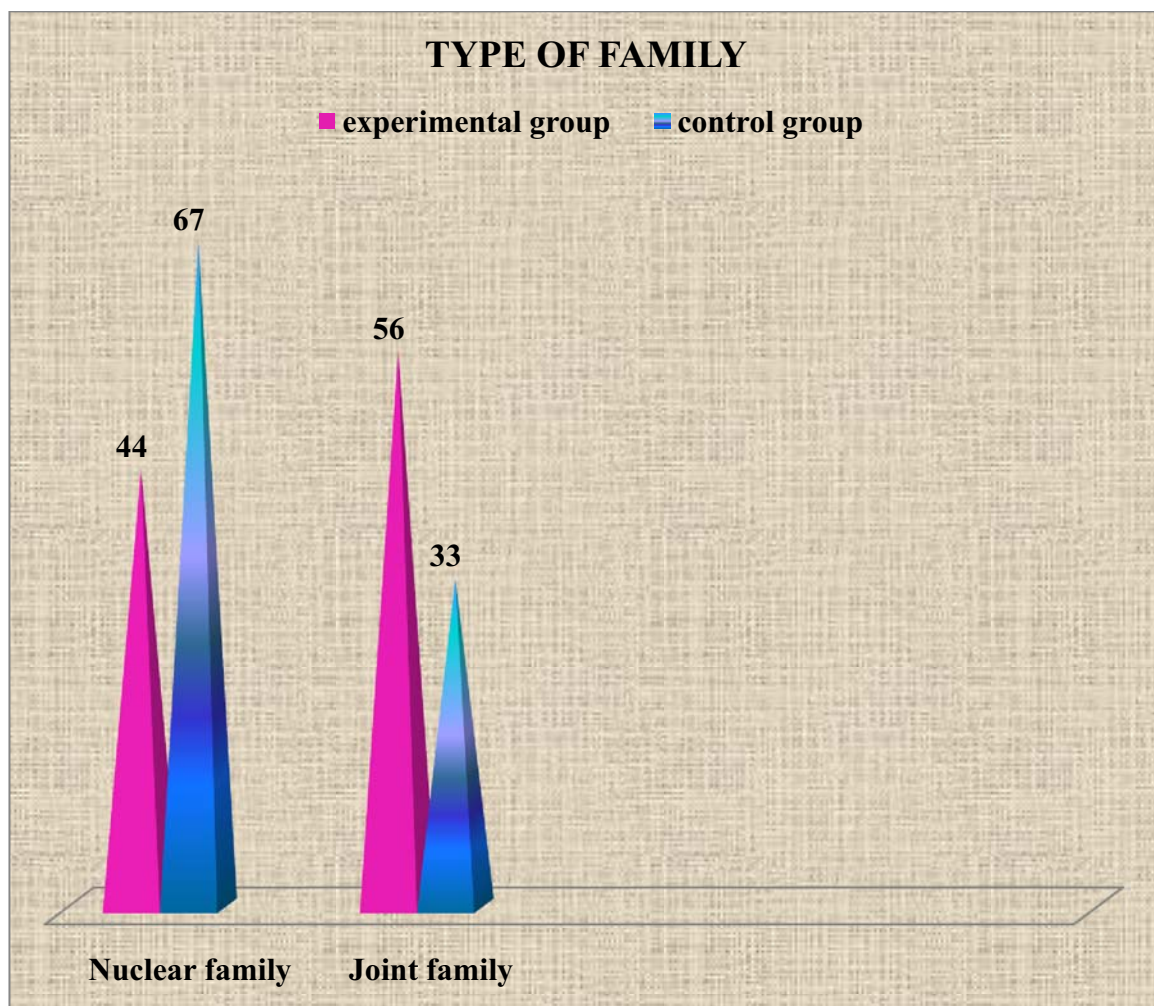
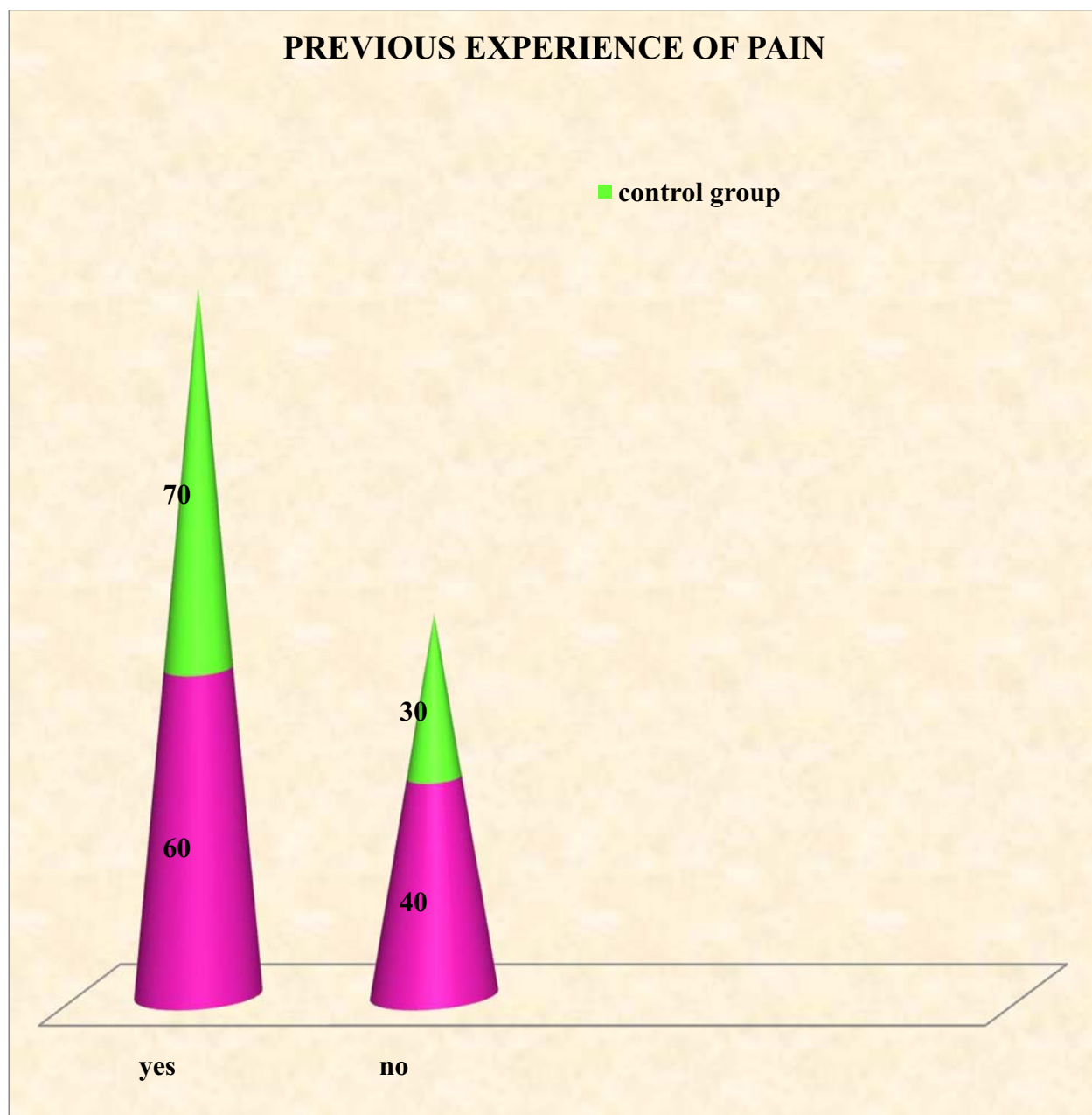


Fig 10 : Bar diagram showing the Percentage of distribution of anxiety children according to their Previous Experience of pain



SECTION B: ASSESS THE PRE TEST AND POST TEST LEVEL OF ANXIETY AMONG SCHOOL CHILDREN IN EXPERIMENTAL GROUP AND CONTROL GROUP.

TABLE 2: Frequency and percentage distribution of Pre test and Post test level of anxiety among school children in experimental group and control group.

N=60

SI. NO	LEVEL OF DEPRESSION	EXPERIMENTAL GROUP				CONTROL GROUP			
		Pre test		Post test		Pre test		Post test	
		F	%	F	%	F	%	F	%
1	No anxiety/ minimal anxiety	-	-	18	60	-	-	-	-
2	Mild anxiety	-	-	12	40	-	-	5	16.6
3	Moderate anxiety	12	40	-	-	16	53	16	53
4	Severe anxiety	18	60	-	-	14	47	9	30

Table 2 depicts that, in pre test majority in experimental group, 12(40%) had moderate anxiety, 18(60%) had Severe anxiety. In control group 16(53%) of them had moderate anxiety, 14(47%) had Severe anxiety

In post test majority in experimental group, 18(60%) had no anxiety and 12(40%) had mild anxiety. In control group 5(16.6%) of them had mild anxiety, and 16(53%) had moderate anxiety, 9(30%) had severe anxiety.

SECTION C: COMPARISON OF POST TEST LEVEL OF ANXIETY AMONG HOSPITALIZED CHILDREN BETWEEN EXPERIMENTAL GROUP AND CONTROL GROUP.

TABLE 3:

Comparison of Mean, Standard deviation, Mean difference and Paired ‘t’ value of pre test and post test level of anxiety among school children in experimental group and control group.

S N o	VARIABLE	Mean	Standard Deviation	Mean Difference	Paired ‘t’ value
1	Experimental Group Pre test Post test	19.60 10.90	4.8 2.9	8.7	t=17.211 df= 29 P<0.05 S
2	Control group Pre test Post test	21.66 21.50	4.78 4.01	0.16	t=0.211 df= 29 P<0.05 NS

Table 3 shows that the mean pretest level of anxiety in experimental group is 19.60 (SD ± 4.8) and post test mean score is 10.90 (SD ± 2.9) and the mean difference is 8.7. The post test mean score (10.90) was lower than the pre test mean score (19.60). The paired 't' value was 17.211 which was significant at $p < 0.05$ level, which showed that bibliotherapy was effective in reducing anxiety.

The mean pre test scores of level of anxiety in control group is 21.66 (SD ± 4.78) and post test mean score is 21.50 (SD ± 4.01) and the mean difference is 0.16. The post test mean score (21.50) was lower than the pre test mean score (21.66). The paired 't' value was 0.211 which was not significant at $P < 0.05$ level.

**SECTION D: COMPARISON OF POST TEST LEVEL OF ANXIETY
AMONG HOSPITALIZED CHILDREN BETWEEN EXPERIMENTAL
GROUP AND CONTROL GROUP.TABLE 4**

Comparison of Mean, Standard deviation, Mean difference and unPaired‘t’ value of pre test and post test level of anxiety among school children in experimental group and control group.

S N o	VARIABLE	Mean	Standard Deviation	Mean Difference	Unpaired ‘t’ value
1	Experimental Group Post test	10.90	2.9	10.60	t=11.64*
2	Control group Post test	21.50	4.01		S P<0.05

Table 4 shows that the mean posttest level of anxiety in experimental group is 10.90 (SD \pm 2.9) and in control group post test mean score is 21.50 (SD \pm 4.01) and the mean difference is 10.60. The experimental post test mean score (10.90) was lower than the control group post test mean score (21.50). The Unpaired‘t’ value was 11.64 which was significant at $p < 0.05$ level, which showed that bibliotherapy was effective in reducing anxiety.

SECTION E: ASSOCIATION BETWEEN THE POST TEST LEVELS OF ANXIETY AMONG SCHOOL CHILDREN WITH THEIR SELECTED DEMOGRAPHIC VARIABLES IN EXPERIMENTAL GROUP.

TABLE 5: Association between the post test levels of anxiety among school children with their selected demographic variables in experimental group.

N=30

S.N O	DEMOGRAPHIC VARIABLES	LEVEL OF ANXIETY				χ^2	TABLE VALUE	INFERENCE
		MINIMAL ANXIETY		MILD ANXIETY				
		F	%	F	%			
1	Age Group							
	a. 8-9 years	6	20	4	13.3	3.380	9.49 df= 4	NS
	b. 9-10 years	6	20	4	13.3			
	c. 10-11 years	6	20	4	13.3			
	d. 11-12 years	-	-	-	-			
2	Gender							
	a. Male	10	33.3	8	26.6	0.835	5.99 df= 2	NS
	b. Female	8	26.6	4	13.3			

3	Economic Status							
	a) low							
	b) Middle class	6	20	8	26.6			
	c) Upper class	6	20	4	13.3			
		6	20	-	-	2.020	7.82 df= 3	NS
4	Religion							
	d. Hindu	8	26.6	6	20			
	e. Christian	6	20	4	13.3			
	f. Muslim	4	13.3	2	7	1.742	9.49 df= 4	NS
5	Type of family							
	c. Nuclear family							
	d. Joint family	9	30	4	13.3	0.668	5.99	NS
		9	30	8	26.6		df= 2	
6	Type of house							
	c. Kutch house	8	26.6	5	16.6			
	d. Pucca house	10	33.3	7	23.3	1.318	5.99	NS
							df= 2	
7	Previous exposure to hospitalization							
	c. Yes	9	30	10	33.3	0.741	3.84	NS
	d. No	9	30	2	7		df= 1	

Table 5 shows calculated Chi Square value to find the association between the post test levels of anxiety among school age children in experimental group. The findings revealed that there was no significant association between the post test levels of anxiety with demographic variables in experimental group.

SECTION F: ASSOCIATION BETWEEN THE POST TEST LEVELS OF ANXIETY AMONG SCHOOL CHILDREN WITH THEIR SELECTED DEMOGRAPHIC VARIABLES IN CONTROL GROUP.

TABLE 6: Association between the post test levels of anxiety among school age children with their selected demographic variables in control group.

N=30

S.N O	DEMOGRAPHIC VARIABLES	LEVEL OF ANXIETY						χ^2	TABLE VALUE	INFERENCE
		MILD ANXIETY		MODERATE ANXIETY		SEVERE ANXIETY				
		F	%	F	%	F	%			
1	Age Group							1.38 0	6.49 df= 4	S
	e. 8-9 years	-	-	5	16.6	5	16.6			
	f. 9-10 years	-	-	5	16.6	4	13.3			
	g. 10-11 years	-	-	-	-	-	-			
	h. 11-12 years	5	16.6	6	20	-	-			
2	Gender							0.83 5	3.89 df= 4	NS
	c. Male	5	16.6	10	33.3	5	16.6			
	d. Female	-	-	6	20	4	13.3			

3	Economic Status									
	d) low	-	-	6	20	5	16.6			
	e) Middle class	-	-	6	20	4	13.3			
	f) Upper class	5	16.6	4	13.3	-	-	4.02 0	3.82 df= 2	NS
4	Religion									
	g. Hindu									
	h. Christian	4	13.3	5	16.6	5	16.6			
	i. Muslim	1	3.33	5	16.6	4	13.3	1.74 2	9.09 df= 4	NS
		-	-	6	20	-	-			
5	Type of family									
	e. Nuclear family	5	16.6	8	27	5	16.6	0.66 8	1.99 df= 1	S
	f. Joint family	-	-	8	27	4	13.3			
6	Type of house									
	e. Kutch house	5	16.6	8	27	4	13.3	1.31 8	5.12 df= 2	NS
	f. Pucca house	-	-	8	27	5	16.6			
7	Previous exposure to hospitalization									
	e. Yes	5	16.6	10	33.3	4	13.3	0.74 1	2.84 df= 1	NS
	f. No	-	-	6	20	5	16.6			

Table 6 shows calculated Chi Square value to find the association between the post test levels of anxiety among school age children in experimental group. The findings revealed that there was no significant association between the post test levels of anxiety with demographic variables in control group.

CHAPTER- V

SUMMARY, FINDINGS, DISCUSSION, IMPLICATIONS, LIMITATIONS, RECOMMENDATIONS AND CONCLUSION

The quality of any research project is based on study findings, limitations interpretations of the results and recommendation that incorporate the study implications. It also gives meaning to the result obtained in the study.

SUMMARY

The primary aim of the study was to assess the effectiveness of bibliotherapy for reducing the level of anxiety among school age children in Nazeer general hospital at trichy.

Objectives of the study

1. To assess the pretest and posttest level of anxiety among school age children in experimental group and control group.
2. To compare the posttest level of level of anxiety among school age children in experimental group and control group.
3. To find the association between the post test levels of anxiety among school children with their selected demographic variables in experimental group.

Hypothesis

The hypothesis will be tested at 0.05 levels

H₁: There will be significant difference between the pre-test and post-test anxiety scores of hospitalized children among experimental and control group.

H₂: There will be significant difference between the post-test level of anxiety scores of experimental and control group.

H₃: There will be significant association of anxiety score and selected demographic variable in experimental group.

The review of literature enabled the researcher to develop conceptual framework, and develop intervention of bibliotherapy. Literature review was done for the present study. The conceptual framework adopted for the present study was based on “**Nursing Process Model**”. (ANA-2003)

The research approach selected for the study was evaluative in nature. The research design selected was True experimental 2 group design. Independent variables in this study were bibliotherapy. Dependent variable was level of anxiety. Associate variables for this study were Age, Group, Gender, Educational Status, Religion, Type of family, Type of house, previous exposure to hospitalization

The tool used in this study was Self structured questionnaire. The content validity of the tool was established by experts. The tool was found to be reliable

and feasible. The reliability of tool was done by test re-test method. Karl Pearson correlation formula was used and found that the tool was reliable ($r = 0.95$). The pilot study was conducted in CSI mission hospital at trichy with 18 school age children and the study was found feasible.

The main study was conducted in Nazeer general hospital. The samples were selected through Simple Random Sampling method. The sample size for this study consists of 60. 30 were in experimental group, 30 were in control group. Informed oral consent was obtained. Pretest was done to assess the level of anxiety. For experimental group bibliotherapy and for control group no intervention was given. Posttest was done at the end of 4 weeks. The data gathered were analyzed using IBM20 statistical software at the level of 0.05 level of significance based on the objectives of the study.

MAJOR FINDINGS

Findings: 1 Distribution of demographic variables of school age children in experimental and control group.

- Experimental group majority 33% were in 11 to 12 years, 9-10 years of age group and least in 17% were in 8 to 9 years, 10 to 11 years of age group. Among

control group majority 26% were in 8 to 9 years, 9 to 10 years, 10 to 11 years and least in 22% were in 11 to 12 years.

- Regarding **gender** in experimental group majority 83% were in male gender and least 17% were in female gender. Among control group majority 76% were in male gender and least 24% were in female gender.
- Regarding **economic status** in experimental group majority 33% were in low, middle and upper class group. Among control group majority 57% were in middle class and least 3% were in low class.
- Regarding **religion** in experimental group majority 47% were in Hindu religion and least in 13% were in Christian. Among control group 57% were in Hindu religion and least 10% were in Christian.
- Regarding **type of family** in experimental group majority 50% were in kutcha house and pucca house. Among control group majority 50% were in kutcha house and pucca house.
- Regarding **type of family** in experimental group majority 56% were in joint family and least 44% were in nuclear family. Among control group 67% were in nuclear family and least 33% were in joint family.
- Regarding **previous experience of pain** in experimental group majority 60% were in experienced of pain and least 40% were not experienced of pain. Among

control group 70% were in experienced of pain and least 30%were not experienced of pain.

Findings: 2 assess the pretest and posttest level of anxiety among school age children in experimental group and control group.

In pre test majority in experimental group, 12(40%) had moderate anxiety, 18(60%) had Severe anxiety. In control group 16(53%) of them had moderate anxiety, 14(47%) had Severe anxiety.

In post test majority in experimental group, 18(60%) had no anxiety and 12(40%) had mild anxiety. In control group 5(16.6%) of them had mild anxiety, and 16(53%) had moderate anxiety, 9(30%) had severe anxiety.

Findings 3: comparison of post test level of anxiety among school children between experimental group and control group.

The mean pretest level of anxiety in experimental group is 19.60 (SD ± 4.8) and post test mean score is 10.90 (SD ± 2.9) and the mean difference is 8.7.

The post test mean score (10.90) was lower than the pre test mean score (19.60). The paired 't' value was 17.211 which was significant at $p < 0.05$ level, which showed that bibliotherapy was effective in reducing anxiety.

The mean pre test scores of level of anxiety in control group is 21.66 (SD ± 4.78) and post test mean score is 21.50 (SD ± 4.01) and the mean difference is 0.16. The post test mean score (21.50) was lower than the pre test mean score (21.66). The paired 't' value was 0.211 which was not significant at $P < 0.05$ level.

Findings 4: Comparison of Mean, Standard deviation, Mean difference and unPaired 't' value of pre test and post test level of anxiety among school children in experimental group and control group.

The mean posttest level of anxiety in experimental group is 10.90 (SD ± 2.9) and in control group post test mean score is 21.50 (SD ± 4.01) and the mean difference is 10.60. The experimental post test mean score (10.90) was lower than the control group post test mean score (21.50). The Unpaired 't' value was 11.64 which was significant at $p < 0.05$ level, which showed that bibliotherapy was effective in reducing anxiety.

Findings 5: association between the post test levels of anxiety among school children with their selected demographic variables in experimental group.

Its shows calculated Chi Square value to find the association between the post test levels of anxiety among school age children in experimental group. The findings revealed that there was no significant association between the post test levels of anxiety with demographic variables in experimental group.

Findings 6: association between the post test levels of anxiety among school children with their selected demographic variables in control group.

Its shows calculated Chi Square value to find the association between the post test levels of anxiety among school age children in experimental group. The findings revealed that there was no significant association between the post test levels of anxiety with demographic variables in control group.

DISCUSSION

The major findings of the study are presented under the following headings based on the objectives of the study.

OBJECTIVE 1: To assess the pretest and posttest level of anxiety among school age children in experimental group and control group.

In pre test majority in experimental group, 12(40%) had moderate anxiety, 18(60%) had Severe anxiety. In control group 16(53%) of them had moderate anxiety, 14(47%) had Severe anxiety.

In post test majority in experimental group, 18(60%) had no anxiety and 12(40%) had mild anxiety. In control group 5(16.6%) of them had mild anxiety, and 16(53%) had moderate anxiety, 9(30%) had severe anxiety.

OBJECTIVE 2: To compare the posttest level of level of anxiety among school age children in experimental group and control group.

It was found the mean pretest level of anxiety in experimental group is 19.60 (SD ± 4.8) and post test mean score is 10.90 (SD ± 2.9) and the mean difference is 8.7. The post test mean score (10.90) was lower than the pre test mean score (19.60). The paired 't' value was 17.211 which was significant at $p < 0.05$ level, which showed that bibliotherapy was effective in reducing anxiety.

The mean pre test scores of level of anxiety in control group is 21.66 (SD ± 4.78) and post test mean score is 21.50 (SD ± 4.01) and the mean difference is

0.16. The post test mean score (21.50) was lower than the pre test mean score (21.66). The paired 't' value was 0.211 which was not significant at $P < 0.05$ level.

This study was consistent with the study finding of **Donkor (2010)** a study was conducted on parental anxiety in treatment of childhood anxiety. The results of long-term follow-up of 60 children and adolescents diagnosed with an anxiety disorder and treated 3 years earlier with bibliotherapy or parental anxiety management (PAM). Sixty-seven children aged 7 to 14 years were assigned to the "child anxiety only" or the "child + parental anxiety" condition based on parents' trait anxiety scores. The study concluded that children's anxiety reduced by the intervention of bibliotherapy.

OBJECTIVE 3: association between the post test levels of anxiety among school children with their selected demographic variables in experimental group.

It shows calculated Chi Square value to find the association between the post test levels of anxiety among school age children in experimental group. The findings revealed that there was no significant association between the post test levels of anxiety with demographic variables in experimental group.

This study was consistent with the study finding of [Abbott MJ et.al](#) (2006) an experimental study to examine the value of modifying empirically validated treatment for childhood anxiety for application via written materials for parents of anxious children. Two hundred sixty-seven clinically anxious children ages 6-12 years and their parents were randomly allocated to standard group treatment, waitlist, or a bibliotherapy version of treatment for childhood anxiety. In general, parent bibliotherapy demonstrated benefit for children relative to waitlist but was not as efficacious as standard group treatment. Relative to waitlist, use of written materials for parents with no therapist contact resulted in around 15% more children being free of an anxiety disorder diagnosis after 12 and 24 weeks. These results have implications for the dissemination and efficient delivery of empirically validated treatment for childhood anxiety.

IMPLICATIONS

The findings of the study have certain important implications for nursing service, education, administration and nursing research.

Nursing Service

- ♣ Nursing personnel is in the best position to provide bibliotherapy to school age who is admitted in the hospital.

- ♣ Nurse as the change agent, can introduce the various other measures for reduction of anxiety.

Nursing Education

- ♣ The nurse educators are responsible to incorporate bibliotherapy into the nursing curriculum thereby inculcating interest among nursing students.
- ♣ Imparting the concepts of Bibliotherapy among nursing students.
- ♣ Nursing students can utilize the knowledge on bibliotherapy to give health education in the schools, hospitals, community.
- ♣ The nurse educator can create awareness about the benefits of bibliotherapy by conducting workshop, conferences for the student nurses and they can also be encouraged to do mini project in these areas.

Nursing Administration

- ♣ Nursing personnel can organize continuing nursing education program on bibliotherapy, and other therapies in all health sectors by motivating staff towards administering these therapies.
- ♣ The Nurse administrator should help to evaluate the children's satisfaction on various therapies, periodically in the inpatient settings.

Nursing Research

- ♣ The study findings can be a baseline for further studies to build upon for improving the body of knowledge in nursing
- ♣ The study finding can effectively be utilized by the emerging researchers.
- ♣ This study may provide a foundation to conduct studies on larger and different populations to strongly prove the efficacy of bibliotherapy.

LIMITATIONS

- ♣ It was time consuming to clarify the doubts of the samples about bibliotherapy.
- ♣ Period of intervention was only for 4 weeks.

RECOMMENDATIONS

Based on the findings the following recommendations are stated,

- ♣ Similar study can be replicated in a larger samples thereby findings can be generalized to a large population.
- ♣ Comparative study can also be done between the effectiveness of various other non pharmacological measures on reducing anxiety.

- ♣ The study can be done for a longer period.

PERSONAL EXPERIENCE

Initially, when I selected this study, I felt that I could not complete it successfully because a number of individuals discouraged me from taking up this study pertaining to the related legal issues. Yet I was able to successfully complete this study with the help of my parents, teachers and close friends. This study would not be possible without the help of Superintendent of Nazeer general hospital were warm, kind enough and co-operated well to start my project over there, I would like to express my heartfelt gratitude towards them.

Therefore my conclusion after this study is that the future researchers especially the Psychiatric Nurses should cover areas as sensitive as this to boost the children as well as emotionally support them, so that their needs will be identified and it will be filled with our tender loving nursing care.

CONCLUSION

The present study was conducted to evaluate the effectiveness of Bibliotherapy on the level of anxiety among the school age children in Nazeer general hospital at trichy. The mean pretest level of anxiety in experimental group is 19.60 (SD \pm 4.8) and post test mean score is 10.90 (SD \pm 2.9) and the mean

difference is 8.7. The post test mean score (10.90) was lower than the pre test mean score (19.60). The paired 't' value was 17.211 which was significant at $p < 0.05$ level, which showed that bibliotherapy was effective in reducing anxiety. The mean pre test scores of level of anxiety in control group is 21.66 (SD ± 4.78) and post test mean score is 21.50 (SD ± 4.01) and the mean difference is 0.16. The post test mean score (21.50) was lower than the pre test mean score (21.66). The paired 't' value was 0.211 which was not significant at $P < 0.05$ level.

The hypotheses of the study were stated based on the objectives; the experimental groups were statistically equal in reducing the level of anxiety among school age children in Nazeer general hospital at trichy

விவரம் சேகரித்தல்

1. வயது

- (i) 8 வயது
- (ii) 9 வயது
- (iii) 10 வயது
- (iv) 11 வயது
- (v) 12 வயது

2. பாலினம்

- (i) ஆண்
- (ii) பெண்

3. கல்வி தகுதி

- (i) பறக்க வில்லை
- (ii) முதல் நிலை

4. மதம் நடுநிலை

- (i) இந்து
- (ii) கிறிஸ்தவம்
- (iii) இஸ்லாம்

5. குடும்ப வகைப்பாடு

- (i) தனி குடும்பம்
- (ii) கூட்டு குடும்பம்

6. குடியிருக்கு வீடு

- (i) குடிசை வீடு
- (ii) ஓட்டு வீடு
- (iii) மாடி வீடு

7. மருத்துவமனை பயம் பற்றிய முந்தைய அறிவு

- (i) உண்டு
- (ii) இல்லை

வ. எண்	கேள்விகள்	0	1	2	3	4
1	நான் உடல் எடை குறைத்துள்ளேன்					
2	என்னுடைய ஆர்வம் மற்றும் செயல்பாடுகள் குறைந்துள்ளது.					
3	எனக்கு நன்றாக தெரிகிறது நான் குழப்ப நிலையில் உள்ளேன் என்று					
4	நான் என்னுடைய வேலைகளில் தொடர்ந்து ஈடுபடுகிறேன்					
5	நான் எளிதாக புத்தகத்தை வாசிக்கிறேன்					
6	நான் தூங்குவதற்கு 30 நிமிடத்திற்கு மேல் ஆகிறது.					
7	நான் எப்பொழுதும் எழுவதை விட சிக்கிரமாக எழுந்து விடுகிறேன்					
8	நான் மயக்கமாகவும், கலைப்பாகவும் உணர்கிறேன்					
9	எனக்கு எப்பொழுதாவது அழுக வேண்டு போல் உள்ளது					
10	நான் சில நேரங்களில்					
11	நான் சொரிமான பிரச்சனை					
12	நான் நடு					
13	என் குரல் சோர்வாக உள்ளது					
14	நான் மிகவும் கோவமாக உணர்கிறேன்					
15	எனது					
16	எனது கரங்கள் அடிக்கடி நடுங்கிறது					
17	நான் எனது உடல் நிலையை பற்றி கவலைக் கொள்கிறேன்					
18	நான் சிறிதளவாவது உணவு எடுத்துக் கொள்ள நினைக்கிறேன்					
19	நான் பல நேரங்களில் சோர்ந்து போகிறேன்					
20	நான் நிச்சயமாக சொல்வேன் எனது உடல் எடை					

